



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

## State Water Resources Control Board

Division of Drinking Water

January 9, 2019

Rick Lord, Manager  
Delano Growers Grape Products – 1502066  
32351 Bassett Avenue  
Delano, CA 93215

**Citation No. 03\_12\_19C\_002  
Total Coliform Maximum Contaminant Level Violation  
For October 2018**

Dear Mr. Lord:

Enclosed is Citation No. 03\_12\_19C\_002 (hereinafter "Citation") issued to the Delano Growers Grape Products (hereinafter "Water System") public water system.

The Water System will be billed at the State Water Resources Control Board's (hereinafter "State Water Board") hourly rate for the time spent on issuing this Citation. California Health and Safety Code (hereinafter "CHSC") Section 116577 provides that a public water system must reimburse the State Water Board for actual costs incurred by the State Water Board for specified enforcement actions, including preparing, issuing and monitoring compliance with a citation. At this time, the State Water Board has spent approximately one and one-half hours on enforcement activities associated with this violation.

The Water System will receive a bill sent from the State Water Board in August of the next fiscal year. This bill will contain fees for any enforcement time spent on the Water System for the current fiscal year.

Any person who is aggrieved by a citation, order or decision issued under authority delegated to an officer or employee of the State Water Board under Article 8 (commencing with CHSC, Section 116625) or Article 9 (commencing with CHSC, Section 116650), of the Safe Drinking Water Act (CHSC, Division 104, Part 12, Chapter 4), may file a petition with the State Water Board for reconsideration of the citation, order or decision.

Petitions must be received by the State Water Board within 30 days of the issuance of the citation, order or decision by the officer or employee of the State Water Board. The date of issuance is the date when the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a Saturday, Sunday, or state holiday, the petition is due the following business day by 5:00 p.m.

Information regarding filing petitions may be found at:

[http://www.waterboards.ca.gov/drinking\\_water/programs/petitions/index.shtml](http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml)

If you have any questions regarding this matter, please contact Adam Forbes of my staff at (559) 447-3137.

Sincerely,



Tricia A. Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
SOUTHERN CALIFORNIA BRANCH  
DRINKING WATER FIELD OPERATIONS

District webpage: [http://www.waterboards.ca.gov/drinking\\_water/programs/districts/visalia\\_district.shtml](http://www.waterboards.ca.gov/drinking_water/programs/districts/visalia_district.shtml)

TAW/LR  
Enclosures  
Certified Mail No. 7016 3010 0000 0446 0839  
cc: Kern County Environmental Health Department

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
DIVISION OF DRINKING WATER

7 **Name of Public Water System:** Delano Growers Grape Products

8 **Water System No:** 1502066

10 **Attention:** Rick Lord, Manager

11                   32351 Bassett Avenue  
12                   Delano, CA 93215

14 **Issued:** January 9, 2019

16                   **CITATION FOR NONCOMPLIANCE**

17                   **CALIFORNIA HEALTH AND SAFETY CODE, SECTION 116555 AND**  
18                   **CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 64426.1**

20                   **TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION**

21                   **October 2018**

23 The California Health and Safety Code (hereinafter "CHSC"), Section 116650  
24 authorizes the State Water Resources Control Board (hereinafter "State Water Board"),  
25 to issue a citation to a public water system when the State Water Board determines that  
26 the public water system has violated or is violating the California Safe Drinking Water  
27 Act (hereinafter "California SDWA"), (CHSC, Division 104, Part 12, Chapter 4,

1 commencing with Section 116270), or any regulation, standard, permit, or order issued  
2 or adopted thereunder.

3  
4 The State Water Board, acting by and through its Division of Drinking Water (hereinafter  
5 "Division") and the Deputy Director for the Division, hereby issues Citation No.  
6 03\_12\_19C\_002 (hereinafter "Citation"), pursuant to Section 116650 of the CHSC to the  
7 Delano Growers Grape Products (hereinafter "Water System"), for violation of CHSC,  
8 Section 116555(a)(1) and California Code of Regulations (hereinafter "CCR"), Title 22,  
9 Section 64426.1.

10  
11 **STATEMENT OF FACTS**

12 The Water System is classified as a non-transient non-community public water system  
13 with a population of approximately 41 persons, served through one (1) service  
14 connection. The Water System is using a groundwater source, Well No. 1 to supply  
15 potable water to the distribution system.

16  
17 CHSC, Section 116555 requires all public water systems to comply with primary  
18 drinking water standards as defined in CHSC, Section 116275(c). Primary drinking  
19 water standards include maximum levels of contaminants, specific treatment standards,  
20 and monitoring and reporting requirements as specified in regulations adopted by the  
21 State Water Board.

22  
23 CCR, Title 22, Section 64426.1, Total Coliform Maximum Contaminant Level  
24 (hereinafter "MCL"), states that a public water system is in violation of the total coliform  
25 MCL if it collects fewer than 40 bacteriological samples per month and if more than one  
26 sample collected during any month is total coliform-positive.

1 The Water System is required to collect a minimum of one (1) distribution system  
2 bacteriological sample per month. The State Water Board received laboratory results for  
3 five (5) bacteriological samples collected during October 2018 from the Water System.  
4 All samples were analyzed for the presence of total coliform bacteria. Two (2) of the five  
5 (5) samples analyzed were positive for total coliform bacteria. None of the total coliform  
6 positive samples showed the presence of *Escherichia coli* (*E. coli*) bacteria. All water  
7 samples for coliform bacteria are summarized in Appendix 1 and 2.

8

9 The State Water Board was notified of the total coliform MCL failure on October 9,  
10 2018. A Level 1 assessment was conducted by the Water System on November 15,  
11 2018. Deficiencies were noted in the assessment report that could have potentially  
12 contributed to the presence of total coliform bacteria. A copy of the report is included in  
13 Appendix 3.

14

15 Public notification to the customers of the Water System was conducted accordingly for  
16 the failure in October 2018. Copies of the notices and proofs of notification forms are  
17 included in Appendices 4 and 5.

18

## 19 DETERMINATION

20 The Water System took fewer than 40 bacteriological samples during October 2018.  
21 The results of two (2) routine samples were total coliform positive. Therefore, the State  
22 Water Board has determined that the Water System has failed to comply with drinking  
23 water standards pursuant to CHSC, Section 116555 and CCR, Title 22, Section  
24 64426.1 during October 2018.

25

26

**DIRECTIVES**

The Delano Growers Grape Products completed the necessary public notification on October 16, 2018, and the investigation on November 15, 2018, pursuant to CCR, Title 22, Section 64426.1 and no other directives are necessary at this time.

The State Water Board reserves the right to make modifications to this Citation it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

**PARTIES BOUND**

This Citation shall apply to and be binding upon the Water System, its owners, shareholders, officers, directors, agents, employees, contractors, successors, and assignees.

**SEVERABILITY**

The directives of this Citation are severable, and the Water System shall comply with each and every provision thereof notwithstanding the effectiveness of any provision.

**FURTHER ENFORCEMENT ACTION**

The California SDWA authorizes the State Water Board to: issue a citation or order with assessment of administrative penalties to a public water system for violation or continued violation of the requirements of the California SDWA or any regulation, permit, standard, citation, or order issued or adopted thereunder including, but not

1 limited to, failure to correct a violation identified in a citation or compliance order. The  
2 California SDWA also authorizes the State Water Board to take action to suspend or  
3 revoke a permit that has been issued to a public water system if the public water system  
4 has violated applicable law or regulations or has failed to comply with an order of the  
5 State Water Board, and to petition the superior court to take various enforcement  
6 measures against a public water system that has failed to comply with an order of the  
7 State Water Board. The State Water Board does not waive any further enforcement  
8 action by issuance of this Citation.

9

10

*Tricia Wathen*

11

Tricia Wathen, P.E.  
Senior Sanitary Engineer, Visalia District  
DRINKING WATER FIELD OPERATIONS BRANCH

12

13

Appendices:

14

1. Summary of Distribution Bacteriological Samples
2. Summary of Source Bacteriological Samples
3. Positive Total Coliform Investigation Report Form
4. Public Notice for October 2018
5. Proof of Notification Form

15

16

Certified Mail No. 7016 3010 0000 0446 0839

17 Date

*January 9, 2019*



# Bacteriological Distribution Monitoring Report

**1502066 Delano Grower S Grape Products** *Distribution System Freq: 1/M*

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Cl2 Avg	Viol. Type	GWR Satisfied?	Comments
11/15/2018	Office Kitchen	A	A			Routine	1.0				
11/15/2018	Lab East Sink	<1	<1			Routine	1.0				
11/15/2018	N. Side Tank #605	<1	<1			Routine	1.0				
11/15/2018	E. Side Tank #609	<1	<1			Routine	2.0				
11/15/2018	W. Side Tank #123	<1	<1			Routine	2.0				
10/8/2018	North Side Tank #605	<1	<1			Repeat	0.6			yes	
10/8/2018	West Side Tank #608	<1	<1			Repeat	0.7			Yes	
10/8/2018	West Side Tank #604	4.2	<1			Repeat	2.0		MCL	Yes	
10/8/2018	Storage Tank #407	<1	<1			Repeat	2.0			Yes	
10/4/2018	North Side Tank #605	P	A			Routine	0.5				

## Violation Key

MCL	Exceeds Maximum Contaminant Level (L1 RTCR)	GWR	Tier 1 or Tier 2 notification req'd
MR1	No monthly sample for the report month	GR1	GWR M&R violation
MR2	No quarterly sample for the report quarter	L1	Level 1 Trigger RTCR (TCRMCL)
MR3	Incorrect number of routine samples for the report month	L2a	Level 2-EC+ Routine w/TC+Repeat
MR4	Did not collect 5 routine samples for previous month's positive sample	L2b	Level 2-TC+ Routine w/EC+ Repeat
MR5	Incorrect number of repeat samples as follow-up to a positive sample	L2c	Level 2-EC+ Routine w/No Repeats
MR6	No source sample	L2d	Level 2-Repeat at GWR source monitoring is EC+
MR7	No summary report submitted	L2e	Level 2-Two (2) Level 1 Triggers in a 12-month period
MR8	Other comments and/or info		

# Source Bacteriological Monitoring Report

**1502066 Delano Grower S Grape Products**

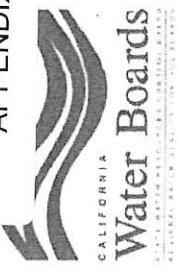
<i>Sample Date</i>	<i>Time</i>	<i>Source</i>	<i>Sample Type</i>	<i>Test Method</i>	<i>T Coli</i>	<i>E Coli</i>	<i>F Coli</i>	<i>HPC</i>	<i>Violation</i>	<i>Comments</i>
11/15/2018	9:35	Well 01	Well	MPN	<1	<1				
10/8/2018	10:15	Well 01	GWR Well	MPN	<1	<1				
10/4/2018	9:20	Well 01	Well	MPN	<1	<1				
9/6/2018	10:10	Well 01	Well	MPN	<1	<1				
8/21/2018	10:15	Well 01	Well	MPN	<1	<1				
7/3/2018	14:40	Well 01	Well	MPN	<1	<1				
6/6/2018	11:50	Well 01	Well	MPN	<1	<1				
5/24/2018	13:20	Well 01	Well	MPN	<1	<1				
4/24/2018	11:20	Well 01	Well	MPN	<1	<1				
3/27/2018	14:40	Well 01	Well	MPN	<1	<1				
2/15/2018	14:45	Well 01	Well	MPN	<1	<1				
1/15/2018	14:30	Well 01	Well	MPN	<1	<1				

## REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT

### Groundwater System with Chlorination and Storage

This form is intended to assist public water systems in completing the investigation required by the federal revised Total Coliform Rule (RTCR) [effective April 1, 2016] and may be modified to take into account conditions unique to the water system. To avoid a violation, an assessment report must be completed and returned to your local regulatory agency no later than 30 days after the trigger date.

### APPENDIX 3



#### ADMINISTRATIVE INFORMATION

Entity Name: Delano Growers PWSID NUMBER: 1502066 NT/NC	System Type: Operator in Responsible Charge (ORC) Person that collected TC samples	Name Delano Growers Robert T. Beck Robert T. Beck	System Address & Email 32351 Bassett Ave, Delano CA 93225	Telephone Number (661)725-3255
System Owner Certified Laboratory for Microbiological Analyses	Delano Growers BC Labs	661-800-1443		
Date Investigation Completed: 11-15-2018 Month(s) of Coliform Treatment Technique Trigger: October-2018				

#### INVESTIGATION DETAILS

SOURCE	WELL (name) 001	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?	Yes				
b. Is wellhead vent pipe screened?	Yes				Needs Repair
c. Is wellhead seal watertight?	Yes				
d. Is well head located in pit or is any piping from the wellhead submerged?	No				
e. Does the ground surface slope towards well head?	No				
f. Is there evidence of standing water near the wellhead?	No				
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)	No				
h. Is the wellhead secured to prevent unauthorized access?	Yes				
i. To what treatment plant (name) does this well pump?	N/A				Only Treatment-Chlorination
j. How often do you take a raw water total coliform (TC) test?	Monthly				
k. Provide the date and result of the last TC test at this location	10-6-18				Negative for TC/EC

TREATMENT	PLANT (NAME) Well Dist.	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS (attach additional pages if needed)
1. If you provide continuous chlorination, was there any equipment failure?	No				
a. Did this result in a loss of chlorine residual at the entry point to distribution system? If Yes, how long?	No				
b. Was emergency chlorination initiated? If Yes, how long?	No				

**REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM**  
**Groundwater System with Chlorination and Storage**

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TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS (attach additional pages if needed)
c. Did the distribution system lose chlorine residual?	Well Dist.			Continuous Chlorination
2. If you do not provide routine chlorination, was emergency chlorination initiated? If Yes, when?	N/A			
3. Inspect each point where disinfectant is added and report				
a. Is the disinfectant feed pump feeding disinfectant?	Yes			
b. What is the feed rate of disinfectant in ml/minute?	N/A			Adjusted to target chlorine residual.
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)	12.5%			
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)	Manufacturer's literature			
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?	N/A			
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?	800gpm			
g. What is the total chlorine residual measured immediately downstream from the point of application?	N/A			
h. What is the free chlorine residual measured immediately downstream from the point of application?	N/A			
i. What is the contact time in minutes from the point of disinfectant application to the first customer?	N/A			

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)		Routine Site TC+ or EC+	Upstream Site	Downstream Site	4 <sup>th</sup> Repeat Sample (specify)
1. What is the height of the sample tap above grade? (inches)	N. Side Tank 605			W. Side Tank 604	
2. Is the sample tap located in an <u>exterior</u> location or is it protected by an <u>enclosure</u> ?	71 inches	Exterior	71"	Exterior	
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?	No			No	
4. Is the sample tap in good condition, free of leaks around the stem or packing?	Yes			Yes	
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?	Yes			Yes	
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?	Yes			Yes	
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?	Yes			Yes	

**REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM**  
**Groundwater System with Chlorination and Storage**

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<b>SAMPLE/SITE EVALUATION (Complete for all TC+ or EC+ findings)</b>	<b>Routine Site TC+ or EC+</b>	<b>Upstream Site</b>	<b>Downstream Site</b>	<b>4th Repeat Sample (specify)</b>
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).	N. Side Tank 605	W. Side Tank 604		
9. Is this sample tap designated on the bacteriological sample siting plan (BSSP)?	Ran H2O, applied chlorine disinfectant	Ran H2O, applied chlorine disinfectant		
10. Were the samples delivered to the laboratory in a cooler and within the allowable holding time?	Yes	Yes		
11. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?	Sunny	Sunny		

<b>STORAGE</b>	<b>TANK (name)</b>	<b>TANK (name)</b>	<b>TANK (name)</b>	<b>TANK (name)</b>	<b>COMMENTS</b>
1. Is each tank locked to prevent unauthorized access?	No	No	No	E6	No lock, only inside secure facility
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?	Yes	Yes	Yes	E5	
3. Is the overflow on each tank screened?	Yes	Yes	Yes	E6	Mesh too big-on screens
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?	Yes	No	No	E6	Square hole cut in top of tank 407
5. Is the roof/cover of the tank sealed and free of any leaks?	N/A	N/A	N/A	E6	
6. Is the tank above ground or buried?	Above	Above	Above	E6	
a. If buried or partially buried, are there provisions to direct surface water away from the site.	N/A	N/A	N/A	E6	
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?	N/A	N/A	N/A	E6	
7. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?	No	No	No	E6	Common inlet/outlet boosted to dist. Pressure
8. What is the measured chlorine residual (total/free) of the water exiting the storage tank today?	1.4ppm	1.2ppm	1.2ppm	E6	
9. What is the volume of the storage tank in gallons?	66,137	50,000	50,000	E6	
10. Is the tank baffled?	No	No	No	E6	
11. Prior to the TC+ or EC+, what was the previous date item #1-6 were checked and documented?	N/A	N/A	N/A	E6	

**REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM**  
**Groundwater System with Chlorination and Storage**

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PRESSURE TANK	TANK (name)	TANK (name)	TANK (name)	COMMENTS
	Well Water			
1. What is the volume of the pressure tank?	5000 Gal			
2. What is the age of the pressure tank?	58 years			
3. Is the pressure tank bladder type or air compressor type?	Air			
4. Did the pressure tank(s) deviate from normal operating pressure?	No			
5. Is the compressor pump running more often than normal?	No			
6. Is the tank bladder(s) is water logged?	No			
7. Is the tank(s) damaged, rusty, leaking, or has holes?	No			
8. Was there any recent work performed?	No			
9. Is the air relief vent (if there is one) on the pressure tank screened and facing downwards?	No			
10. Can the inside of the pressure tank be visually inspected thru an inspection port? If so, when was the last time it was inspected?	Yes			Needs screen

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure you are maintaining in the distribution system?	80 psi
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacti?	No
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	No
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	No
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	No mainline leak
6. If there was a mainline leak, when was it repaired?	N/A
7. On what date was the distribution system last flushed?	Unknown
8. Is there a written flushing procedure you can provide for our review?	No
9. Do you have an active cross-connection control program?	Yes
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	Monte Raines 661-589-1135
11. Have all backflow prevention devices in the distribution system been tested annually and repaired/replaced if they did not pass and retested afterwards?	Unknown
12. When was the last physical survey of the system done to identify cross-connections?	7/14/2014
BOOSTER STATION	Response
1. Do you have a booster pump? How many?	Yes, 3

# REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM

## Groundwater System with Chlorination and Storage

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BOOSTER STATION		Response
2. Do you have a standby booster pump if the main pump fails?		Yes
3. Prior to bacteriological quality problems, did your booster pump fail?		No
4. Do you notice standing water, leakage at the booster station?		No
GENERAL OPERATIONS:		Response
1. Has the sampler(s) who collected the samples received training on proper sampling techniques? If yes, please indicate date of last training.		Yes, certified operator last month
2. Does the water system have a written sampling procedure and was it followed?		Yes
3. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC+ findings?		No
4. Were there any main breaks, water outages, or low pressure reported in the service area from which TC+ or EC+ samples were collected?		No
5. Does the system have backup power or elevated storage?		No
6. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?		No
7. What were the symptoms of illness if you received complaints about customers being sick?		No

**SUMMARY:** Based on the results of your assessment and any other available information, what deficiencies do you believe to have caused the positive total coliform sample(s) within your distribution system? (DO NOT LEAVE BLANK)

Deficiency #	Deficiency Description
1.	Storage Tank 407 had square hole cut in top of tank, completely open to the atmosphere
2.	All storage tanks did have mesh screen on vents but mesh was too coarse, fine mesh was recommended
3.	Hose connection located by pressure vessel that provides water to canal water piping had no backflow device (valve was shut so most likely not the cause but still is a major area of concern)
4.	
5.	

**CORRECTIVE ACTIONS:** What actions have you taken to correct the above mentioned deficiencies? If additional time is needed to correct a deficiency, indicate the date that it will be corrected. (DO NOT LEAVE BLANK)

Deficiency #	Corrective Action	Completion/Proposed Date
1.	Repair hole in top of tank	11-15-2018

**REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 1 ASSESSMENT FORM**  
**Groundwater System with Chlorination and Storage**

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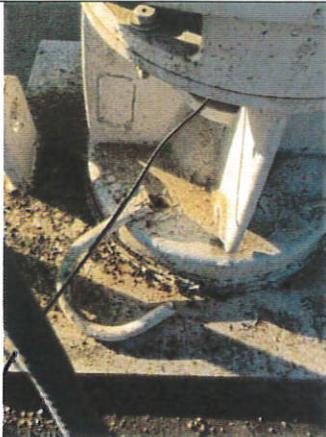
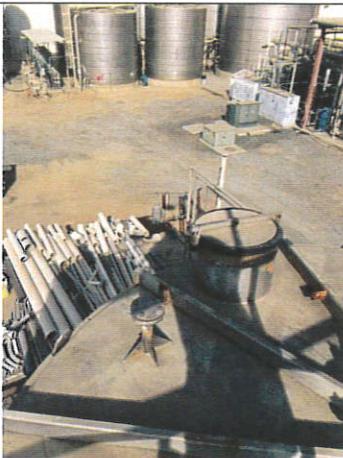
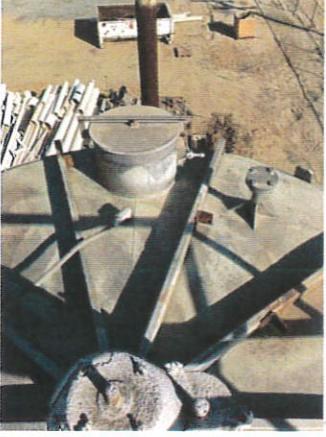
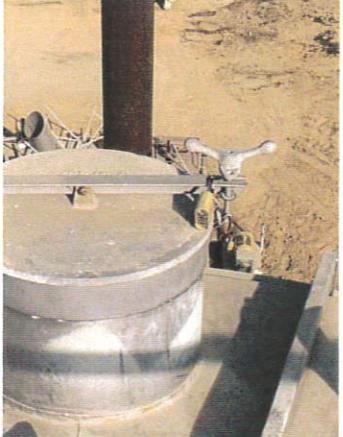
2.	Replace coarse mesh with a finer mesh	11-15-2018
3.	Hose disconnected to eliminate potential of contamination; not connecting until backflow device is installed	11-15-2018
4.		
5.		

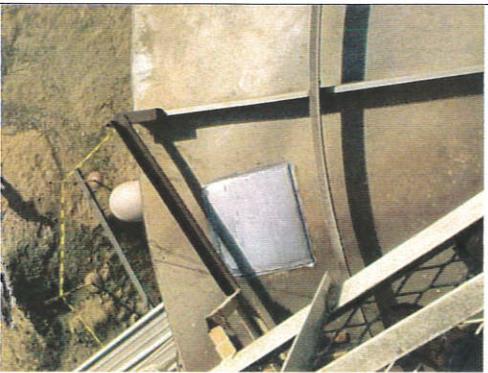
**CERTIFICATION:** I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

NAME: Robert Tyler Bunn TITLE: \_\_\_\_\_ Contract Operator DATE: 11-15-2018

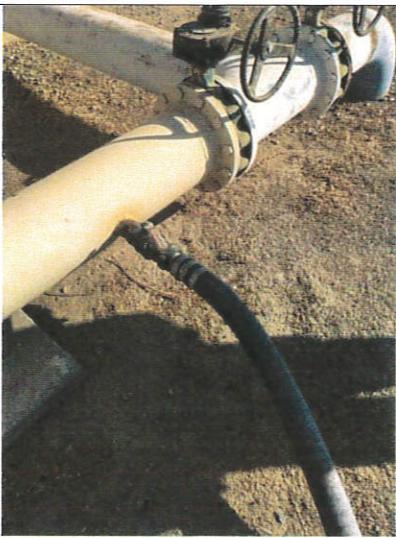
Upon review of the Level 1 Assessment Form, the local regulatory agency may require submittal of the following additional information:

- Sketch of system showing all sources, all treatment and chlorination locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
- A set of photographs of the source, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by the local regulatory agency.
- Name, certification level and certificate number of the Operator in Responsible Charge.
- Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

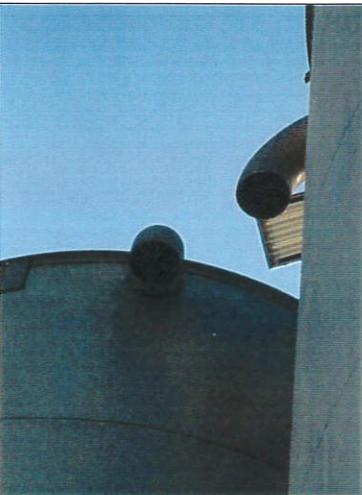
		
1. Well Vent	4. Well Tap Repaired	7. Storage Tank 1 locked
		
2. Well vent repaired	5. No lock on storage tanks	8. Storage tank 2 locked
		
3. Well Sample Tap	6. Tank 407 locked	9. Hole in Tank 407



10. Tank 407 hole repaired



13. Need Backflow Prevention



11. Need fine mesh



14 Pressure vessel line disconnected



12. Storage tanks vent mesh repaired

## IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.  
Por favor hable con alguien que lo pueda traducir.

### Delano Growers Grape Products Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently failed a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what you should do, what happened and what we did to correct this situation. We routinely monitor for drinking water contaminants. We took 5 samples to test for the presence of coliform bacteria in October 2018. 2 of these samples showed the presence of total coliform bacteria. The standard is that no more than 1 sample per month may show the presence of coliform bacteria.

#### What should I do?

- You do not need to boil your water or take other corrective actions.
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

#### What happened? What is being done?

The water system is chlorinated on a consistent basis and the water system will be retested next month. We anticipate resolving the problem within a month (by the next sampling).

#### For more information call:

Water System Contact: Daniel Lord at (661) 725-3255, 32351 Bassett Ave. Delano, CA 93215.  
Water System Operator: Tyler Beck at (661) 800-1443, 3220 Patton Way Bakersfield, CA 93308.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

#### Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- SCHOOLS: Must notify school employees, students, and parents (if the students are minors).
- RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS (including nursing homes and care facilities): Must notify tenants.
- BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS: Must notify employees of businesses located on the property.

**PROOF OF NOTIFICATION**  
(Return with copy of the Notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Delano Growers Grape Products (1502066)** of the failure to meet the **total coliform bacteria MCL** for the month of **October 2018** as directed by the Division. At least one primary distribution method is required: mail, hand-delivery or posting in conspicuous locations. A second method is also required in order to reach persons not likely to be reached by a mailing, direct delivery or posting:

Notification was made on 10-16-2018  
(date)

To summarize report delivery used and good-faith efforts taken, please check all items below that apply and fill-in where appropriate:

- The notice was distributed by mail delivery to each customer served by the water system.
- The notice was distributed by direct delivery to each customer served by the water system. Specify direct delivery method(s) used: \_\_\_\_\_
- Publication of the notice in a local newspaper or newsletter of general circulation (attach a copy of the published notice, including name of newspaper and date published).
- Posted the notice at the following conspicuous locations served by the water system (if needed, please attach a list of locations). In the Front Office of the production facility.
- Email message to employees or students. \_\_\_\_\_
- Other method used to notify customers. \_\_\_\_\_

**DISCLOSURE:** Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Certified by Name and Title: Daniel Lord - Plant Manager  
Date: 10-16-2018 Signature: 

Due to the Division of Drinking Water within 10 days of notification to the public  
Total Coliform MCL Failure / Enforcement Action No.: In progress